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SOCIAL REPRESENTATIONS ABOUT THE HEALTH AND DISEASES BUILT BY POTIGUARA INDIANS

REPRESENTAÇÕES SOCIAIS SOBRE SAÚDE E DOENÇA CONSTRUÍDAS POR ÍNDIOS POTIGUARA

REPRESENTACIONES SOCIALES SOBRE SALUD Y ENFERMEDAD CONSTUIDAS POR LOS INDIOS POTIGUARA

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ABSTRACT

Objective: to identify social representations of health and diseases built by Potiguara Indians. **Method:** this is an exploratory study with qualitative approach, conducted with 55 Indians in Baía da Traição/PB and it is a theoretical contribution on Social Representations. The analysis of the *corpus* was through Alceste Software. The Ethics Committee in Research, protocol number 05/2008, approved the research project. **Results:** we found that the Social Representations of Potiguara Indians relating to health/disease are mostly (66.7%) in two dimensions: organic-physiological, in which the Indians associate health and disease to the biomedical concept; and other sociocultural, represented by the relationship work, food and health, being responsible for the participation of the Indians in their practices. **Conclusion:** the relevance of the study is in the field of public health, since the social representations can provide socially contextualized theoretical foundations for the development and evaluation of strategies and/or health policies adopted by the institutions responsible for Indians' health in Brazil. **Descriptors:** Health; Disease; Indian; Culture; Social Representations.

RESUMO

Objetivo: identificar representações sociais sobre saúde e doença construídas por índios Potiguara. **Metodologia:** estudo exploratório com abordagem qualitativa, realizado com 55 índios em Baía da Traição/PB e aporte teórico nas Representações Sociais. O *corpus* foi submetido à análise pelo Software Alceste. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, protocolo nº 05/2008. **Resultados:** verificou-se que as Representações Sociais dos Potiguara referentes à saúde/doença estão centradas em sua maioria (66,7%) em duas dimensões: orgânico-fisiológica, em que os índios associam saúde e doença ao conceito biomédico; e a outra sociocultural, representada pela relação trabalho, alimentação e saúde, sendo responsável pelo engajamento dos índios em suas práticas. **Conclusão:** a relevância do estudo é evidenciada no campo da saúde pública, uma vez que as representações sociais podem proporcionar fundamentos teóricos contextualizados socialmente para a elaboração e avaliação de estratégias e/ou políticas de saúde adotadas pelas instituições responsáveis pela saúde dos índios no Brasil. **Descritores:** Saúde; Doença; Índio; Cultura; Representações Sociais.

RESUMEN

Objetivo: identificar representaciones sociales sobre salud y enfermedad construidas por indios Potiguara. **Metodología:** estudio exploratorio con enfoque cualitativo, realizado con 55 indios en Baía da Traição/PB y aporte teórico en las Representaciones Sociales. El *corpus* fue sometido al análisis por el Software Alceste. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, protocolo nº 05/2008. **Resultados:** se verificó que las Representaciones Sociales de los Potiguara referentes a la salud/enfermedad están centradas en su mayoría (66,7%) en dos dimensiones: orgánico-fisiológica, en que los indios asocian salud y enfermedad al concepto biomédico; y la otra sociocultural, representada por la relación trabajo, alimentación y salud, siendo responsable por la participación de los indios en sus prácticas. **Conclusión:** la relevancia del estudio es evidenciada en el campo de la salud pública, una vez que las representaciones sociales pueden proporcionar fundamentos teóricos contextualizados socialmente para la elaboración y evaluación de estrategias y/o políticas de salud adoptadas por las instituciones responsables por la salud de los indios en Brasil. **Descritores:** Salud; Enfermedad; Indio; Cultura; Representaciones Sociales.

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INTRODUCTION

The health situation of Indian population in Brazil have different conditions in different regions of the country due to the occurrence of changes about social, economic, historical and environmental phenomenon linked to the stabilization and manifestation of demographic and economic forces of the population.¹

Historically, in Brazil, the Indian communities have a long “journey of struggle for recognition of their rights, respect to their peculiarities and cultural diversity and the constant search to use a health care system that respects their diversity”.^{2:1952}

Regarding the Potiguara Indians living in Paraíba, they have changes on their epidemiological and demographic profile, such as a break with the past and their traditions, intense ethnic mix and adaptation to new socioeconomic and environmental media.³⁻⁵

The Potiguara Indians are in the coast of Paraíba since 1501, occupying a territory across the northeastern coast between the current cities of João Pessoa/PB and Fortaleza/CE. According to the Portuguese chroniclers, these Indians had 50 villages. Currently, they are the only Indian community recognized in Paraíba and one of the largest in Brazil, and ethnographically the largest in the Northeast. Its population is about 15,120 Indians in 30 villages in the municipalities of Baía da Traição, Marcação and Rio Tinto.^{3,6}

The organization of health care services of the Potiguara population is through the Special Potiguara Indian Sanitary District (DSEI), located in the city of João Pessoa, capital of Paraíba state distant from the Indian lands about 90 km. It has three Bases, located in the municipalities mentioned above, which are responsible for local administration of primary care services in the villages through action of Multidisciplinary Indian Health (EMSI). For services of medium and high complexity, the Indians go to SUS and the private hospitals of the state of Paraíba.⁶

Potiguara Indian lands are in the coastal zone, the region in which tourism occurs, with the presence of non-Indian residing in the villages, as owners of bars and restaurants, and there are daily bus lines with tourist routes leaving the cities going to the villages to buy local handcrafts. This situation stimulates the changes of habits and customs of the population in their own territory and the emergence of diseases such as hypertension, diabetes, sexually transmitted

diseases (STDs), tuberculosis, abuse of alcohol and other health issues that require not only treatment, but also above all, prevention.⁷

There are gaps about the identification of targeted social representation practices of Indian instruments, as the representation of everyday social life (values, practices) of the Potiguara Indians. Considering the Potiguara as a minority group, with cultural and social differences, having their own way of understanding what is health and disease, unlike the dominant biomedical conception, it is essential to pay attention to social diversity and cultural and environmental factors in this community.

The state of health and disease for Indian population, in its principal aspect, is the result of the type of individual and collective relationship established with other people and with nature. Health is not an autonomous or isolated area, but refers to the more general issues of social relations, relations with nature, cosmology, social organization, the exercise of power, among others.⁸

It is important to identify how the Potiguara organize themselves collectively to understand and develop techniques/practices for experiences in the health/disease process, whether individual or collective observed in their historical, cultural and social contexts.⁹ With this, it is relevant to know the opinion of the Potiguara about health and disease from their knowledge and behaviors with the practices in order to understand the social representations attributed to healing, to be sick and their relationship with social aspects, such as work, housing, economic and family structure, among others. Because of all these specificities, we will base the Social Representations Theory (SRT) proposed by Moscovici.¹⁰ The SRT are forms of knowledge supported by specific social groups within a particular socio-historical context and how the social representations focus on practical subjects, being referred to generally in a class of ideas and beliefs (religion, science, myth) and need to be explained and described.¹⁰

From the results of this study, there are scientific support for the implementation of actions in primary care, respecting the practices, beliefs and customs of this population. Given the above, this research aims to identify the social representations of health and diseases built by Potiguara Indians.

METHOD

Article elaborated from the dissertation << *Social representations about the living situation, health and disease by the Indian*

Potiguara >> and submitted to the Post-Graduation Program in Nursing, of the Center for Health Sciences, Federal University of Paraíba. João Pessoa/PB, Brazil. 2009.

Exploratory qualitative study with 55 interviews to Potiguara Indians belonging to São Francisco village, city of Baía da Traição, Paraíba conducted using non-probability sampling technique, for convenience, with the inclusion criteria: be 18 years old, be registered in the Information System and Care to the Indian Health (SIASI) and agree to participate in the research by signing the free consent form.

The interviews were individually, using audio recorder, using a semi-structured script, in the period of August-September 2008 on previously scheduled times, and performed at the workplace and/or in the Indians' homes.

For the analysis of the *corpus* formed by the semantic collected through interviews, we used the Alceste software (*Analyse d'un Lexicale pair Contexte Ensemble Segments of Texte*), version 4.8. The Alceste enables the exploration of the structure and speech organization allowing the access to the relations between lexical universes.¹¹ This software adds statistical tests and bases its calculations on the laws of distribution of the vocabulary for performing lexical analysis of the words of a set of texts.

Initially, for formatting the *corpus*, following the proposed model¹¹, there was the transcriptions of the interviews and then saved in a single file in Microsoft Word 2010, saved in txt-text type. Then the descriptive variables entered in the rows of asterisks or command, lines entered before each semantic content of the interview, in order to separate each Initial Context Unit (ICU), to the responses of Indians on the guiding questions.

After formatting the *corpus*, we proceeded to the analysis in Alceste software, with four operational steps: Step A: Reading text and calculation of dictionaries; Step B: calculating the data matrices and classification of UCE's; Step C: description of classes of UCE's; Step D: complementary calculations.¹²

This research followed the ethical contemplated by Resolutions 196/1996 and

304/2000 of the National Health Council, dealing with ethics in research involving human beings and topics in particular Indian population, with the approval of the Research Ethics Committee of the University Hospital Lauro Wanderley, Federal University of Paraíba (CEP / HULW / UFPB - Protocol No. 05/2008) and the National Commission for Ethics in Research (opinion No. 695/2008/CONEP). The identification of the study participants was by the letter S (subject) in sequence according to their achievement in S1 to S55.

RESULTS AND DISCUSSION

The Potiguara Indians participated in this study were between 20 and 65 years old, 80% female, 47.3% were married, 27.3% single; 63.6% have not completed elementary education, 14.6% are illiterate and only 3.6% have higher education, watching in this sample a low education of this population.

As the source of income, we found agriculture as the only one with 72% of the sample. The other sources came from wage labor (18.9%) and own or other family members retirement (9.1%).

In analysis processing conducted by Alceste, the corpus consisted of 55 interviews or ICUs, totaling 12,121 occurrences, where 5,471 different words, with the average frequency of six occurrences per word. For the next analysis, we considered the words with frequency (F) equal or greater than 6 (mean feature of this corpus) and with chi-square (χ^2) association to class ≥ 3.84 (significant at 0.05). After reducing the vocabulary to its roots, we selected 1,344 small and analyzable words and 366 UCEs.

The Descending Hierarchical Classification (DHC) had 76.5% of the total *corpus* of UCEs. According to this classification, there were the identification of four different classes of UCEs segments of thematic categories, named: Class 1 (organic-physiological dimension of health), class 2 (sociocultural dimensions of health), class 3 (practices of prevention and cure in the disease) and class 4 (health *versus* age), presented below (Table 1):

Table 1. Frequency of occurrence of words significantly associated to classes, Baia da Traição, PB, 2009.

Class 1		Class 2		Class 3		Class 4	
Organic-physiological dimension of health		Sociocultural dimensions of health		Practices of prevention and cure in the disease		Health versus age	
Words	F	Words	F	Words	F	Words	F
Disease	84	Food	38	Ill	38	Health	15
Today	48	Health	29	More	32	Work	14
Formerly	45	Attend	27	Indian	18	When	13
Died	27	Service	24	Practice	14	People	10
Flu	25	Do	23	Cure	14	Can	09
Measles	25	Condition-life	17	Flu	12	We have	08
AIDS	24	I have	15	Herbs	12	Stay	07
Cause	17	Satisfied	14	Pray place	11	Age	07
Fever	16	Work	14	Tea	11	Scuffed	06
Tuberculosis	14	Need	13	How	11	Nothing	06
Care	14	Could	11	Prevention	10	Do	06
Happened	13	Improve	10	Prevent	09	Problems	06
Brought	13	Lack	10	Lambedor	09		
Knowledge	11	Habit	09	Must	09		
Worms	11	Commemoration	09	Mastruz	07		
White Man	10	Help	08	Lemongrass	07		
Smallpox	09	Bedridden	06	Mint	07		
Funasa	09	Live	06	Use	06		
Chickenpox	08	Habit	06	Equal	06		
Contaminate	08	World	06				
Pertussis	07	Scuffed	06				
Killed	06	Sad	06				
Bladder	06						
Vaccine	06						

♦ Class 1 - Organic-physiological dimension of health

Class 1 has 123 UCEs corresponding to 43.93% of UCEs retained. In this class, health is presented in an organic-physiological dimension, in which the Potiguara associated health to the biomedical concept. These data refer to the SRT when Potiguara appropriate of the medical/scientific discourse and their representations in the anchor tied to their experiences issues.

For Potiguara, health is defined as the absence of disease, possible to distinguish in these representations, three interpretive principles. The first points epidemiological aspects of diseases (in particular, those with greater prevalence in the community). The second describes causes of diseases (centered on the notion of contagion with the non-Indian population), in which they claim that contact with the white man is one of the causes of diseases affecting the Potiguara. And, finally, the third axis Potiguara that describe the disease and strengthen the care they receive or need to receive from professionals working in the village (especially vaccines and care provided by the National Health Foundation Team /FUNASA).

On the first axis of the descriptive epidemiology of diseases, Potiguara mentioned the most common in the community and show the occurrence and form of transmission / contagion. Thus, this axis is interpreted in a temporal dimension in which the disease Potiguara divide into two groups: the old and current. For these diseases as

measles, varicella (chicken pox), whooping cough, smallpox (bladder), hookworm and malaria (malaria) are considered "old" and pose no danger to afflict them more because they are combated and controlled through cultural practices and health.

The current diseases are influenza, diabetes, hypertension, stroke (cerebrovascular accident), tuberculosis and AIDS. The most important diseases are the last two because the incidence and severity affecting Indian people:

Old diseases are chickenpox, bladder, measles, whooping cough, tuberculosis (S05). At that time many children died. Thank God, these diseases today do not happen anymore. (S13) before we had tuberculosis, and we still have. (S09) today diseases are the flu, conjunctivitis, hypertension, diabetes. I hear talking about a disease called AIDS (S19).

The health situation of Indian communities is similar to the "poorest groups of the general population: a high incidence of malnutrition, tuberculosis, oral health problems, parasites, alcoholism, high infant mortality, low life expectancy" ^{13:212} and there are also concern that AIDS become an epidemic that threatens the survival of Indian people in the coming years.¹³

As for the causes for the appearance of AIDS, the Potiguara highlighted several reasons, including:

Young people have not taken the advice of parents (S10), they have involvement with people outside the village, especially from Indians (S6) with the coming of these people

(tourists) to the village, going to bars in the village, starting not only the spread of HIV but other STDs (S21).

The presence of STIs in the Potiguara villages was due to the presence of fishing centers in municipalities near the villages Indian migration to urban centers, the lack of condom use and the influence of media related to introducing sexuality values.^{3,7}

This class that Potiguara verbalize their beliefs to explain the presence of AIDS and the HIV virus associated with feelings coming to fear, insecurity and prejudice, further demonstrating seizure by claiming the occurrence of death in the village:

I know that AIDS was brought to the village (S3); I heard about AIDS or the HIV virus, it is very dangerous these diseases to appear here [...] Indians already dead with this disease, it is very scared (S48); if a person has AIDS everybody is away from her (S17); I think, if a person has the disease of AIDS, of course I'm not going to pull around her. I am afraid getting the disease (S25).

The social representation on AIDS, even in different historical moments, shows similar characteristics in other social groups, associated with prejudice, discrimination and stigma, closely related to feelings of insecurity and fear. "These representations elaborated by social groups about the disease and its influenced and still influence the attitudes of people in front of affected groups"^{14:823}, in which the individual ceases to be a disease and "becomes the disease itself, i.e., it reinforcing thereby imposing social disfigure to the person who is a carrier of a disease, attributing the properties of stigma"^{15:457}. The individual then becomes the representative of the disease itself.

Tuberculosis is historically a prominent cause of morbidity and mortality among Indian groups.¹⁶ In 2004, we implemented the Tuberculosis Control Program (TCP) in the service routine teams of Indian health, to achieve 85% success of treatment and 70% case detection. In the period 2004-2010, 18 cases of tuberculosis and 10 cases of TB/HIV were in Potiguara population.⁶

In a research¹⁷ held with professionals of DSEI Potiguara, the actions of active search for Symptomatic Respiratory (SR) are facing particular challenges to its effectiveness in practice. The TCP needs to be appropriate to the cultural reality of the Indians Potiguara, not being efficient in reproducing the guidelines established at the national level.

The second axis defined by the "causes" assigned to "diseases" by the Potiguara, where health is primarily associated to the transmission of diseases by non-Indians, they

claim that they are "brought" by the "white man", responsible for "contaminate" the Indian:

The responsible for the diseases are the Portuguese, Germans and blacks, when they came here at the time of colonization (S30) the settlers of that time that first brought these diseases (S26).

The contact between Indians and non-Indians is as a current reason for many diseases, especially AIDS.

The Potiguara claimed also the "food and bad socializing with white people" as causes for the onset of diseases nowadays. For them, food changes caused by social interaction with white people represent a "social problem" that did not exist before:

It's because everything has social problem, today we've dealt with a lot of weird situations that before we had not, and now we are living in very different ways. And because of that food addiction wrecking the mental and physical structure of the body (S36); Our food maintains a little the structure of health. (S25); I think the diseases today are because of the the food brought by the white man, because the fish is frozen today, before the fish was healthier, everything today is frozen (S11).

The Indian people of Brazil are vulnerable to nutritional problems, such as malnutrition and obesity. Results of research conducted on Indian Nutrition showed that the prevalence of anemia and malnutrition among Indians children is much higher than in children no-Indians.^{18:1892} In most cases, this occurs due to a series of transformations in their ways of life, from the first contacts with non-Indians. "The contact time can greatly vary. There are people interacting with non-Indians from the sixteenth century to those who made contact in the last decades of the twentieth century"^{19:160}.

Despite this threat to food tradition, it is worth noting that they still preserve part of their food culture, through the maintenance and operation of flour mills, producing manioc, tapioca and manioc flour for household consumption in order to sell and/or exchange for other foods, thus helping in the livelihood of the family. As well as the fishing, their main source of protein by fishing the fish, shrimp and shellfish and crab collecting.

Thus, the phenomenon of social representations as mental constructions reveals evidence that are part of everyday life, emphasizing the fact that, as a social being, man needs to adjust to the world they live in, especially adequating it, with regard to behavior and survival.²⁰ This demonstrates that the Potiguara are in continuous search of

information that is highly relevant to their everyday life, needing to understand the world in which they live and survive in it, whether administering it either facing it.

In the third axis, the Potiguara associate health care they need or need to get from the professionals working in the villages represented from the adoption of preventive practices:

Today we have vaccine and drugs (S8); staff Funasa team is taking care of us (S20); we have the action of the health team of Funasa. (S23); we participate in educational lectures (S38); we have dentists caring for children's health in schools (S52).

We can see the Potiguara appropriated the biomedical knowledge, to represent not only the disease but also the belief by traditional organic treatment.

Health services in the village and in the pole but today is difficult to get sick because there is always a doctor here in the village. (S45); when you have a referral for examination or consultation outside the village, they leave the forwarding here at home (S49); Here we have the doctor, nurse, psychologist, dentist, nutritionist in the health center (S51).

The Potiguara reinforce the presence of the doctor in health care as an important aspect. This is a positive reference for considering a professional inspiring confidence in solving their health problems. The presence of other members of the health team professionals is highlighted and can be accounted for good community interaction with professionals and the health service. These professionals provide material assistance and information to the community, represented as a social support for improving the living conditions and health of the Indians.

♦ Class 2 - Sociocultural dimension of health

The class 2 has 64 UCEs, corresponding to 22.86% of the UCEs retained. In this class, the Potiguara established meanings to health centered on a socio-cultural dimension. Representative elements of this class express the social and cultural conditions involved in the development of the concept for Potiguara health, not as a definition but as a subjective construction focused on health in the constituent aspects. In this sense, the logic relationship between the definition of health and its constitution exists when representations play a predominant role in the social sciences for the treatment of cultural issues related to social identity and bodily life.²¹

To better deepen this sociocultural dimension of health, it is important, the disease as an expression of the social imaginary, defined as phenomena of discourses that vary according to the history, culture and according to the inserts and social group of subjects. Thus, the representations give directions and guidance to the practices, both private and institutional, able to guide their behaviors and/or intra and intergroup practices.²¹

For the Potiguara, health is linked to conditions/provision for daily work:

Health is when we can work (S18); we can work everyday (S24); we are well arranged (S34); My health is good, because every day I work (S40); health is when a person is cheerful, always ready to work (S28).

Such conceptions of health of the Potiguara refer to the thought of the subject that on their practical knowledge will appropriating objects from the information they have "access in the experiments, experiences and relationships [...] while the representations meanings attributed to a given object mobilize the whole subject, his history, his affections, his culture, his insertion in the social totality".^{22:460}

In this class, we identified that "health" is associated to leisure and cultural practices of the community, represented by the participation of Indians in toré dancing and other festivities, from the community.

When we are healthy we have shown health through our culture with tore dancing (S1); I really love my culture which for me is the ritual of toré (S16); I can be devoid of anything in life, but I do not let the culture (S40) this practice comes from our ancestors, (S22); Dancing toré strengthens us and makes us excited and energy provision (S35); when I'm dancing the toré I feel someone else (S55).

The Toré is a practice of sacred ritual and represents for the Potiguara what is most precious in their culture. It is the most characteristic ritual of the Indian peoples of the Northeast. As ornaments for the celebration of toré the Potiguara wear earrings, necklaces and bracelets seeds, feathers, quenga coconut, bones, shells, animal teeth, pigeon peas spines, among others. Body painting is made from annatto and the clothing worn is made of imbirá raft found in the woods and the skin of raft stick.³⁻⁴

♦ Class 3 - Practice on the prevention and cure of disease

The class three has 59 UCEs, corresponding to 21.07% of the retained UCEs. The segments of texts in this class show special care to prevent certain meanings and practices in the

disease and the use of medicinal plants for curing illnesses.

When asked about the healing practices used by their ancestors, and which of these were still held in the village they showed practices related to the use of herbs, lambedor, prayers and spiritual healing:

Healing practices are medicines that we do with the herb aloe, mastic, cashew, eucalyptus, big mint, small mint, jatoba, cherry, good for tea, lambedor. (S29), we have today prayers, we do lambedor and tea with roots stick (S27); prayers to our village (S2); I seek the village shaman to cure diseases (S7); we use root babatenon to inflammation, considered antibiotic (S50).

In the practices used in spiritual healing sessions, the Potiguara claim to be the very representation of Indians culture and it is part of nature itself, because of their religiosity.

The healing practices before were spiritual healing. These spiritual healings had explanations for material cures and spiritual healing. Spirits said what types of medicine we should use for a particular disease, any type of infection, directing to seek medical help because sometimes the cure was material and not spiritual. (S33); this practice is not believed by everyone, but we must note that it is culture. We have to see that is different from religion (S39); culture is nature, it is the nature and religion is imposed, it is an imposition, everybody knows that. But the culture is about explanation for religiosity. This is with regard to Indians practices (S50); for the flu, we took alcançú scraped and placed into a new earthen pot and drank several times a day to get good from the flu. This remedy was like honey, we still do it and sometimes I dream of spirits, they are telling what to do about the disease (S7).

In these UCEs described above, it appears that Potiguara follow a ritual, all the guidance of spiritual entities on the cure of certain diseases, distinguishing the material from the spiritual healing, indicating whether or not to seek professional help. We can also observed as a reference to the imposition of other religious practices by different religious segments existing in the village. However, some Indians think there are conditions imposed on them that differ from their Indians tradition.

Each village has its chapel and its patron saint. In recent years, there has been an increase in the activities of Catholic missionaries in the villages. The Protestant or evangelical churches are also present among the Potiguara since the 1960s. This data demonstrate the strong acculturation of this community, where most investigated (76.4%)

are Catholic, corroborating IBGE data²³ in 2010 on the religiosity of Brazilians. 64.6% reported their religion as Roman Catholic, and therefore Catholicism was the religion that has highest number of followers in Brazil. However, due to the cultural mix of various immigration processes, we also find in our country several other religions (Christian, Islamic, African-Brazilian, Jewish).²⁴

Regarding spiritual healing, some of these are through shamanism. Brazil has only five female shamans, including the shaman of this ethnic.⁴ In her testimony, she informed us that:

People in my family when they are sick first pass through spiritual healing, do not go straight to the health center. Shamanism is a healing ritual, performed every time the need arises. It does not have time or day for the practice of shamanism. Through shamanism we will find out which remedy that will heal from spiritual guidance. The community always looks for me, and when needed I meet people (S15).

The Shaman is by Indians, the deep knowledge of the secrets of nature. He has the power to cure diseases, to restore the balance of the situations, but can also cause disease and/or death of their relatives.⁸ However, not all Indians communities also go to the Shaman to mediate in the process of healing. Some communities even have the figure of the Shaman as a specialist to perform their role in curing or preventing disease.¹⁹

Another important fact revealed in this class was the demand for health services as an alternative to replace the healing practices of their ancestors.

If do not get a medical appointments, I offer tea with bush herb (S4); when it is not solved we seek the doctor in the health center (S14); when we are sick we need medication to get good (S43); when we are sick we go to the doctor, if he does not solve the problem here in the health center of the village, we are forwarded to Rio Tinto and João Pessoa (S32); when we did not have a doctor we used medical herbs from the bush (S18).

It is believed that this is because over more than five centuries of presence and intervention of non-Indians, the Potiguara also started to value and use the white man's medicine, which focuses on the misuse of drugs and use of resources technological and that every day is increasing the demands for large hospitals and sophisticated tests.⁸

It is important the relevance of social representations of collective beliefs and meanings of popular knowledge and common

sense, that we should not separate the individual from society, since it is necessary to understand that individuals with their experiences living and coexist in a society with rules and regulations.¹⁰ Moreover, the dynamism of that society and the constant process of changes favor the aggregation of new individual and social knowledge with adoption of new practices.

♦ Class 4 - Health versus age

The class four has 34 UCEs corresponding to 12.14% of UCEs. According to this order and its significant UCEs, they represent the "conditional on age health," which is based on daily willingness to work in the plantations, the only impediment to perform their activities in their own land to plant because of aging is that, in most cases, there are diseases.

Health is when you can work all day in scuffed and do not feel any disease (S41); when we get old we become ill and cannot work (S51); health is when we can work (S46); the disease prevents me from doing home activities and scuffed. (S18).

This class is associated with class 2, containing in their UCEs segments of representative texts in the sociocultural dimension of health. In class 2, there is social representations linked to the state of health in a general way, establishing parameters for a healthy life through nutrition, access to health services, unlike its class (4) revealing representations related to diseases arising from advanced age.

The aging process is a function of several variables, such as style, quality of life, socioeconomic status, ethnicity and cultural origin.²⁵ For the Potiguara, health is something related to the proper functioning of the body to the daily performance of activities, while the disease is associated with old age, bringing problems to their health. The direction of the predominant representation in this class was to establish a relationship of dependence of health status for labor activities.

FINAL CONSIDERATIONS

The results showed the social representations of health\ disease for Potiguara centered mostly (66.7%) in two dimensions: organic-physiological, in which the Indians associate health and the biomedical disease concept; and other sociocultural, represented by the relationship work, food and health, being responsible for the engagement of the Indians in their practices. It is possible to see to the two

processes (objectification and anchoring) responsible for the formation of social representations, emphasizing the psychosocial and sociocultural anchors.

This study allowed the identification of a social reality that, despite not differing greatly from other Indians communities, several aspects need to be known and taken into account in the provision of health services for this population. In this context, it is suggested that health professionals working in the perspective of integration between the local health system established and Indian knowledge in the appreciation and recognition of their health-related practices.

In the field of public health, we highlight the relevance of this study, since the built social representations can provide socially contextualized theoretical foundations for the development and evaluation of strategies and/or health policies adopted by the institutions responsible for Indians health in Brazil.

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